

Dental Implant Referral Form

You can refer your patient by completing the referral form below. We endeavour to respond within 48 hours of receiving referrals.

Your patient's initial consultation visit will result in an explanation of the cost and treatment options. This initial consultation costs £84. If a 3D CT Scan is also required please enclose a copy of our Dental Imaging Referral Form. The cost of a CBCT scan is £210.

Referring Dentist Details

Clinicians Name:		GDC Number:	
Practice Name:			
Address:			
Postcode:			
Telephone:		Email:	

Patient Details

Patient's Name:		Date of Birth:	
Patient's Address:			
Postcode:			
Contact Telephone:		Email:	

Referral Type

- ☐ Implant Assessment Advice
- ☐ Implant Placement Only
- ☐ Implant Placement and Restoration
- ☐ Implant Problems & Diagnosis

Reason for Referral _____

Payment

- ☐ Invoice referring clinician
- ☐ Patient to pay on day

Signature _____

Please post a completed copy to: Practice Manager, Langmans Dental Health Centres, 28 Ely Street, Stratford Upon Avon, CV37 6LW.